

1634 ~~4~~

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DOCKET NO.: 9558-003-27

ASSISTANT COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

Re: Serial No.: 09/865,579
Applicant(s): Toshiki TAYA et al.
Filing Date: May 29, 2001
For: OLIGONUCLEOTIDES AND METHOD FOR DETECTION OF MECA
GENE OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS
Group Art Unit: 1634
Examiner: Juliet C. Einsmann

SIR:

Attached hereto for filing are the following papers:

FEE TRANSMITTAL
PETITION FOR EXTENSION OF TIME (THREE MONTHS, IN DUPLICATE)
AMENDMENT
CITED REFERENCES ATTACHED

Our check in the amount of \$ 930.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

PIPER RUDNICK LLP

Steven B. Kelber
Attorney of Record
Registration No.: 30,073

Ping Wang, M.D.
Registration No.: 48,328

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FEE TRANSMITTAL

| | |
|----------------|---------------------|
| Docket No. | 9558-003-27 |
| Serial No. | 09/865,579 |
| Filing Date | May 29, 2001 |
| Inventor(s) | Toshiki TAYA et al. |
| Group Art Unit | 1634 |
| Examiner | Juliet C. Einsmann |

| | |
|-------------------------|----------|
| TOTAL AMOUNT OF PAYMENT | \$930.00 |
|-------------------------|----------|

FEE CALCULATION (continued)

1. ☐ Applicant claims small entity status.

☒ Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** in the indicated fees to Deposit Account No. 50-1442.

☐ Charge the indicated fees to Deposit Account No. 50-1442.

3. ADDITIONAL FEES

| Large Entity | | Small Entity | | Fee Description |
|--------------|--|--------------|--|-----------------|
|--------------|--|--------------|--|-----------------|

2. ☒ Check enclosed.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Paid |
|--------------|--------------|-----------------|----------|----------|----------|----------|--|
| | | | 1051 | 130 | 2051 | 65 | Surcharge-late filing fee or oath |
| | | | 1052 | 50 | 2052 | 25 | Surcharge-late provisional filing fee or cover sheet |
| | | | 1053 | 130 | 1053 | 130 | Non-English specification |
| | | | 1812 | 2520 | 1812 | 2520 | Ex parte reexam. fee |
| | | | 1251 | 110 | 2251 | 55 | 1-mo. ext. of time |
| | | | 1252 | 410 | 2252 | 205 | 2-mo. ext. of time |
| | | | 1253 | 930 | 2253 | 465 | 3-mo. ext. of time |
| | | | 1254 | 1450 | 2254 | 725 | 4-mo. ext. of time |
| | | | 1255 | 1970 | 2255 | 985 | 5-mo. ext. of time |

SUBTOTAL (1)

\$0.00

2. EXTRA CLAIM FEES

| | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------------|--------------|----------|--|---|---|---|-------|---|---|-------------------------|------|------|-----|-------------------------------|--|--|
| tot. claims | | | - | 20* | = | 0 | x | \$18 | = | 0 | 1403 | 280 | 2403 | 140 | Request for Oral Hearing | | |
| ind. claims | | | - | 3* | = | 0 | x | \$84 | = | 0 | 1501 | 1300 | 2501 | 650 | Utility/Reissue Issue Fee | | |
| <input type="checkbox"/> | Multiple Dependent Claims | | | | | | | \$280 | = | | 1502 | 470 | 2502 | 235 | Design Issue Fee | | |
| Large Entity | | Small Entity | | Fee Description | | | | | | | 1503 | 630 | 2503 | 315 | Plant Issue Fee | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | | | | | 1806 | 180 | 1806 | 180 | IDS Submission | | |
| 1201 | 84 | 2201 | 42 | Independent claims in excess of 3 | | | | | | | 8021 | 40 | 8021 | 40 | Assignment | | |
| 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid | | | | | | | 1801 | 750 | 2801 | 375 | For Filing RCE | | |
| 1204 | 84 | 2204 | 42 | *Reissue independent claims over original patent | | | | | | | 1802 | 900 | 1802 | 900 | Expedited Design | | |
| 1205 | 18 | 2205 | 9 | *Reissue claims in excess of 20 and over original patent | | | | | | | OTHER (indicate below): | | | | | | |

SUBTOTAL (2)

\$0.00

SUBTOTAL (3)

\$930.00

* or number previously paid, if greater; For Reissues, see above

| | | | |
|-----------|------------------|------------------|-----------------|
| Name | Steven B. Kelber | Registration No. | 30,073 |
| Signature | | Date | August 13, 2003 |
| Name | Ping Wang, M.D. | Registration No. | 48,328 |
| | | Telephone | 202-861-3900 |